

Keystone Booster Clubs Request for Fundraiser Form

Today's Date: _____

Booster Organization: _____

Date(s) of Fundraiser: _____

Nature/Type of Fundraiser: _____

Be Specific - Include brands being sold,
etc. **If raffle, etc. include your Small
Games of Chance License Number**

Event Location: _____

(Name & Address of Facility)

Time(s) of Event or Date
of Delivery: _____

Approximate Cost to have
Fundraiser: _____

Projected Profit: _____

Booster Balance in Bank
Account: _____

Booster Motion #: _____

Booster President
Signature: _____

Head Coach/Director Signature: _____

Principal Approval: Yes No Date: _____

Principal Signature: _____